

EPA Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810609

IL#397

ILS-000-001-200

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name SCA Services, Inc. *
Street 60 State Street
City Boston State MA Zip Code 02109

B Site Location:

Enter the common name (if known) and actual location of the site.

SCA SERVICES INC.
Name of Site Milam #2
Street 155th Hwy 203
City Canteen County State IL Zip Code

ILT180014961

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Dunlap, Peter, Director, Environmental
Phone 617 - 367-8300 extension 207/ Assurance

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) Unknown To (Year) Unknown

US EPA RECORDS CENTER REGION 5



412234

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1. ☐ Organics
- 2. ☐ Inorganics
- 3. ☐ Solvents
- 4. ☐ Pesticides
- 5. ☐ Heavy metals
- 6. ☐ Acids
- 7. ☐ Bases
- 8. ☐ PCBs
- 9. ☐ Mixed Municipal Waste
- 10. ☐ Unknown
- 11. ☐ Other (Specify)

Source of Waste:
Place an X in the appropriate boxes.

- 1. ☐ Mining
- 2. ☐ Construction
- 3. ☐ Textiles
- 4. ☐ Fertilizer
- 5. ☐ Paper/Printing
- 6. ☐ Leather Tanning
- 7. ☐ Iron/Steel Foundry
- 8. ☐ Chemical, General
- 9. ☐ Plating/Polishing
- 10. ☐ Military/Ammunition
- 11. ☐ Electrical Conductors
- 12. ☐ Transformers
- 13. ☐ Utility Companies
- 14. ☐ Sanitary/Refuse
- 15. ☐ Photofinish
- 16. ☐ Lab/Hospital
- 17. ☐ Unknown
- 18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

☒ See attached information

000304 JUN-981

Form Approved
EPA No. 3000-0138

* SCA Services of Illinois, Inc. is the record owner of the Site and a wholly owned subsidiary of SCA Services, Inc. This notification is intended to serve as notification by both the parent and the subsidiary. JUN 15 1981

Notification of Hazardous Waste Site

Side Two

F

Waste Quantity

Place an X in the appropriate boxes to indicate the facility types found at the site

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet Unknown

gallons Unknown

Total Facility Area

square feet

acres 316 A

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☒ Suspected ☐ Likely ☐ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name Richard A. Covell, Esq.
 Street 60 State Street
 City Boston State MA Zip Code 02109
 Signature Richard A. Covell Date

- ☒ Owner, Present
☐ Owner, Past
☐ Transporter
☒ Operator, Present
☐ Operator, Past
☐ Other

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Total Facility Waste Amount

cubic feet Unknowngallons Unknown

Total Facility Area

square feet _____

acres 60 + 02 -

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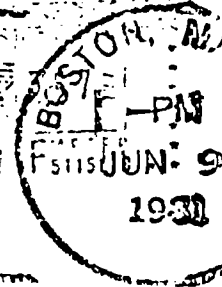
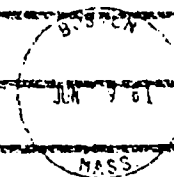
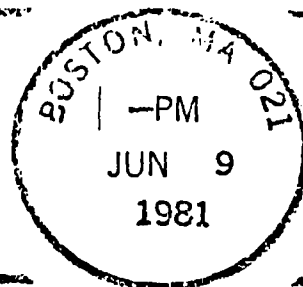
Name Richard A. Covel, Esq.
 Street 60 State Street
 City Boston State MA Zip Code 02109
 Signature Richard A Covel Date 6/9/81

- ☒ Owner, Present
☐ Owner, Past
☐ Transporter
☐ Operator, Present
☒ Operator, Past
☐ Other

FACILITY ID NUMBER 145000001200		COMPANY NAME SCA Services, Inc.	
COMPANY ADDRESS 60 State St.		CITY Boston	STATE ABBREV. MA
CONTACT PERSON'S NAME/TITLE Peter Dunlap, Dir. Envir. Assurance		ZIP CODE 02109	
		TELEPHONE NUMBER (INCLUDE AREA CODE) 617 367-8300	

[illegible]

Street
Boston, Massachusetts 02109



SCA SERVICES, INC.

60 State Street
Boston, Massachusetts 02109



US EPA Region 5
Sites Notification
Chicago, Illinois 60604

CERTIFIED

P35 1142265

MAIL

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you are affixing a label, affix it in the space on the reverse side of this information on the label is in the space provided through it and supply the information in the appropriate section or sections. If you are completing and correct, leave the space below blank. If you are not affixing a label, complete all items. This is a single site where hazardous materials are stored, stored and/or disposed of. Do not place the principal place of business in the space provided for the INSTRUCTIONS FOR COMPLETION before completing the information requested herein (Section 3010 of the Resource Conservation and Recovery Act).

	INSTALLATION'S EPA L3. NO.
I	NAME OF IN- STALLATION
II	INSTALLA- TION MAILING ADDRESS
III	LOCATION OF INSTAL- LATION

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY	
COMMENTS	
C1	

INSTALLATION'S EPA I.D. NUMBER													APPROVED			DATE RECEIVED (yr., mo., & day)		
9																		
F																		
1	2							17	16	15								

[illegible]IL INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX																						
3	S	C	A	S	E	R	V	I	C	E	S	I	N	C	60	S	T	A	T	E	S	T

CITY OR TOWN															ST.		ZIP CODE					
4	B	O	S	T	O	N										M	A	O	2	1	0	9

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER	
E	
S	

CITY OR TOWN															ST.	ZIP CODE					
6	C	A	N	T	E	E	N									I	L				

IV. INSTALLATION CONTACT

NAME AND TITLE (Last, first, & job title)															PHONE NO. (area code & number)																				
2	D	U	N	L	A	P	P	E	T	E	R	D	I	R	E	C	T	O	R	T	E	C	H	S	V	6	1	7	-	3	6	7	-	8	3

V. OWNERSHIP

[illegible]

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)		VL TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box)	
F = FEDERAL M = NON-FEDERAL	M	<input type="checkbox"/> A. GENERATION <input checked="" type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> B. TRANSPORTATION (complete U.S. shipment) <input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (complete Item C)